U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Line Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Managament
and Budgat
No. 1215-0188
Expires 11-30-2006

This report is mandalory under P.L. 85-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Care 1	
1. File Number 2537	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROBERT S NORRINGTON	Name LIUNA LOCAL 795
	Labor Organization File Number 008–544
P.O. Box, Blog., Room No., if any	P.O. Box, Building and Room Number, it any
Street 1213 STATE STREET	Street 1213 STATE STREET
City NEW ALBANY,	City NEW ALBANY,
State INDIANA ZIP Code + 4 .47150-486	State INDIANA ZIP Code + 4 47150-4863
5. Position in labor organization. PRESIDENT/FIELD REPRESI	ENTATIVE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any),	7.a. Nature of Interest, Transaction, or Income.
Name NONE	••• · · • · · · · · · · · · · · · · · ·
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
A NEW MORE AND A CONTROL OF THE CONT	- 0-
City	
State ZIP Code + 4	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

signed forest Dellowington

On /-6-05

(812). 944–6473 Telephone Num

Form LM-30 (2003)

Name of Person Filing ROBERT S NORRINGTON	File Number U- 4381	
B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NONE	a, Labor Organization	
Trade Name, If any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street	C. Entployer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NONE		
Trade Name, if any:		
P.O. Box. Bldg., Room No., if any		
Street	11 b. Approximate dollar value of such dealing =0=	
City	11.b. Approximate dollar value of such dealing. —U— 12.a. Nature of Interest held or income received.	
State ZIP Code + 4		
	12.b. Amount. —()—	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value,		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name NONE		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street .		

14.b. Amount of payment

-0-

13.b. is the Business an Employer

ZIP Code + 4

or Consultant

City

State